

FIFTH ANNUAL

REPORT

OF THE

Suffolk

LUNATIC ASYLUM.

DECEMBER 1842.

Woodbridge :

PRINTED BY J. LODER, BOOKSELLER AND STATIONER.

1843.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30312255>

VISITING MAGISTRATES,

Appointed at Michaelmas Sessions,—1842.

Beccles Division.

Sir Thomas Gooch, Bart. H. B. Bence, Esq. E. M. Love, Clk. Robert Butcher, Esq. Charles Steward, Esq.

Woodbridge Division.

R. N. Shawe, Esq. E. Moor, Esq. G. Thomas, Esq. F. Corrance, Esq. E. S. Gooch, Esq. Thomas D'Eye Bett's, Clk. W. A. Norton, Clk. T. Bland, M.D. R. Aplin, Esq. R. C. Gorton, Clk.

Ipswich Division.

C. Boileau Elliott, Clk. G. Capper, Clk. Robert C. Rowley, Esq. John Berners, Esq.

Gury Division.

Nathaniel Colville, D.D. John Henry Heigham, Esq. Hooper John Wilkinson, Esq. Henry Barry Knox, Clk. Henry Wilson, Esq. Thomas J. Ireland, Esq. Robert Rushbroke, Esq. M P.

R E P O R T.

THE character and credit of our Lunatic Asylums, even when these are possessed to the utmost, can scarcely be contemplated yet, with unmixed satisfaction: nor does this seem to be attainable, but as they are encreasingly known to partake of the nature of *Hospitals for the Insane*, and to be considered generally as proper places of *cure*—not establishments for detention alone. To the neglect of taking this legitimate view of their chief object and end, is partially attributable the crowded condition of our houses. Persons are kept back from various causes, till that which was originally functional disturbance, becomes organic disease, and the patient, after having been afflicted for years, is

sent to the *Asylum*, to remain, and end his days, as in a place of safe keeping. Cases of simple epilepsy (that is, not inducing mania) come under this class. They have increased with us very much lately, and have, in combination, their effect of giving to our admissions, a more unfavourable aspect than has appeared since the opening of the Asylum. Many cases have been of strong hereditary taint, of determined suicidal tendency, and of very long standing.

There have been 61 admissions this year—27 males, 34 females. Of these, 20 are declared to be hereditary cases, 19 suicides; and in many cases these distressing features are combined.—20 are reported to have had previous attacks; 9 are above 60, and 3 above 70, years of age.—This is not a very favourable table to prognosticate upon.

These annual admissions, with two exceptions only—one male and one female—have been *ALL County paupers*, all others have been compulsorily refused for want of room, but our applications from out-County patients and boarders, have been very numerous, and there are still several waiting for anticipated vacancies, though under present expectancy, these are not likely to

occur. Only a few weeks back, 5 boarders were refused in two days, and 5 paupers admitted in two days. If every one of our present boarders and out-County paupers were removed, the house would *then* be FULL. We should then have 195 patients; and we learn from overseers, who have recently been here, that several more are on the point of being sent. The house, notwithstanding its numbers, has been, and is, in a very healthy condition. We find the continued comfort of the Arnott's stoves, they work very well, and we are enabled by them, to keep the house pretty generally throughout, at a temperature between 55 and 60 degrees. *Another year has been passed without the necessity of personal restraint in any single instance.*

Beyond this notice of these admissions, *generally*, there is not much that appears *particularly necessary* to enlarge upon. Our plan of treatment, general over-sight, and internal discipline, is only a continuance of what has been long tried, and satisfactorily attested. This house exhibits, in no ordinary degree, the features of a large *domestic* establishment; it has many of its advantages, and not a few of its comforts: and the desire is, always to act upon the principle, that the more repulsive the object, the more

imperative is the call on our solicitude and care, and that *no restraint can be employed, which is so powerful as tenderness.*

This conviction is not diminished by the knowledge, that while many of our inmates are guilty (if such a word is allowable in their case) of the greatest improprieties themselves, they have constantly, and at the same time, the most delicate perception of propriety in others. The hasty *expression*, even (if used, on such occasions) is not always forgotten, and the kind word is as constantly remembered; and we hope the latter truth may be learnt from those who have left us, and from those who remain.

A female was discharged about two months back, who was so distressed at the loss of what she called “her protective security,” that her removal was quite painful to witness: and the feeling of general contentment, with only very occasional exceptions, is apparent in the orderly and quiet conduct of all our best workers.

“An Essex pauper had his discharge in July 1836: after remaining at home a month, he was sent back again as unmanageable and dangerous. Since the time of his re-admission, to this day, he has been regularly employed in out-door work, and is one of the best labourers we have.”

“A County pauper was discharged this year, and previously, the year before; upon each occasion he returned, and was declared to be so violent and dangerous, that it was hazardous for his parish to retain him. He was asked, quietly, to go and work in the garden, and he *has* done so ever since, without a quarrel with any one, and almost without the utterance of a discordant expression. He is with us now, and is a very hard working useful man.”

It is not to question the propriety of these persons being sent back, that their cases are alluded to, because their capability of employment *here*, affords but little proof of their fitness for discharge; it is only to shew their remaining power of usefulness, and the quiet and contented way in which they exercise it, when they are kept free from irritating annoyances.

We have found great advantage this year, by the additional piece of ground (nearly two acres at the back of the house) retained in cultivation by the patients Agricultural labour, for such inmates as ours, is decidedly the best mode of employment; and it is a declaration that we think we can prove, that spade husbandry is not only the best in *itself*, but that our patients (with all their irregularities) afford the best

example of it. We have repeatedly as many as 15 or 20 employed on this piece of ground, and they work very much under the direction of a very insane man, who fancies himself a *King*, but who never appears to *suppose* that his monarchial dignity can be compromised by the use of the *spade*. We have a *Queen* too, in our laundry, who bears great sway, and though her's is not *quite* so mild a government, as that of the aforesaid *King*, yet she labours *effectively* herself, for the general good, and keeps her subjects in due order, *occasionally* with a word.

There are few subjects that call for more caution than a proper selection of employment for the Insane; and as many opinions are currently expressed, which to say the least of them, demand very serious enquiry, previous even to their *proposed* adoption, it would be well to record the conviction, "that a man is not getting on *because* he is employed, but he is getting on who is *properly* employed." It is not simply *amusement* which should be sought for; this may be, and *is*, very valuable in its *way*, and it *should* be promoted *ceaselessly*, as diverting the mind (perhaps of incurable patients) from "a morbid growth by what it feeds on." Upon this principle, we have our violins, an organ, bagatelle and back-gammon boards, cards, and draughts;

but it ought to be remembered, that *all proper treatment should have reference to future usefulness*, and what may be very advantageous to patients in one class of life, is not *necessarily* so in another. It is scarcely to be called an *ill grounded* fear that may arise, lest in these excitable times, it should be forgotten that our inmates are components of a pauper population, that they came from, and hope to go back to, the labours of the work-shop or the plough; and through such forgetfulness, be led into *appearance*, rather than *solidity*, of treatment—surely, it is better to pause and *question* the propriety of the adoption of a remedial agent, before one *may* be *compelled* to dispute it as means of cure; or perhaps to deny it altogether as proper pursuit, for *supposed* irresponsible persons, under *certain* responsible guidance.

The Metropolitan press has teemed “usque ad nauseam” with the most incongruous recommendations. On the 17th. of October last, there appeared in the *Times*, a call upon all who are engaged in English Asylums, to adopt a pursuit as reported in *Galignani's Messenger*, to be in operation at Salpetriere, and instruct our patients in private theatricals. On the 18th. there was another, and certainly a more plausible proposal suggested, *viz.*—to colonize

them as agriculturists and labourers, in the manner (according to one of the physicians of the Bicêtre) pursued in the village of Gheel, in Belgium. This Belgic colony, of 700 patients, lays claim to the earliest exhibition of the *non-restraint* system. Its origin is said to date as far back as the sixth century. Be this as it may, it would be certainly well to concede it, and set at rest the question of *originality*, which has been pressed forward in a manner inconsistent alike with the calm dignity of true science, and the genuine spirit of christian philanthropy.

It requires some *extra-ordinary* guard to prevent one's expressions upon this disputable point, being made to bear almost the construction of advocacy of a principle of treatment, which one would decidedly condemn. The *practicability* of the *total* abolition of mechanical restraints does not appear ever to have been questioned. *We have not only found it practicable, but have actually practised it, for many years.* It is the *humanity* of it that has been, and still is, disputed by the most humane authorities. The question can only be taken up properly, upon general principles; and though the *occasionally* demanded (and *when demanded*, improperly withheld) guardianship, is not for the security of others, but for the safety of the patient *himself*: still, sane life ought not

always to be risked for insane. It is a great object, and a very difficult one, especially amongst females, to obtain kind and tender-hearted servants, and when one has such, and knows that they spend anxious days, and often sleepless nights, one does not like to see *them* bitten and bruised any more than one's patients: and it cannot be right to sanction their exposure to the hazard of being "severely hurt."*

We have still several suicides, who are the occasion of considerable anxiety, particularly one, who was admitted in December, the mother of a girl previously received in June, and now in the house. They are, however (like all the other inmates) free from restraint. Whatever may be the kind of additional security adopted, it will sometimes fail; and when the determined propensity of these unhappy patients is considered, the wonder only is, that they do not more frequently succeed. The *great* means of preventing this, as well as every other foolish or criminal practice, is to be sought, *within* an asylum, as *without*—in the impression of *religious* truth. Our legal indictments constantly state such an object "not to have the fear of God before his eyes;" and it is by putting this fear *prudently*, but constantly, before the

* *Hanwell Report—1842.—p. 36.*

eyes of such patients, that as much as in us lies, we may hope to lessen the temptation, and the inclination, to this act. And as far as moral and religious principles can counteract the effects of moral evil on the animal frame, there is, if possible, a stronger and more imperative reason for their constant (though as before stated, *prudent*) inculcation on the Insane, than on mankind in general.

It is somewhat cheering to observe, that there is a diminution, not only of the proportion, but of the number of actual suicides, and that asylums are very much favoured in this respect. This is probably more owing to the greater diffusion, and early inculcation, of religious knowledge, than to any other cause: so far is it from justifying the supposition, that too great a regard to religion, will drive people mad. Moral causes and impressions have very commonly an important and distinct influence on the character and colouring of those ideas, which before have occupied the minds of the insane. And in almost all cases of this sort, may be discovered, what train of thought, or predominant events, have usually engrossed the mind of the patient, for some time prior to the attack of his disease. It would, therefore, be strange indeed, if that subject, which is of the

highest and most lasting interest, to every individual of our race, and which is so rightly and mercifully set before all, by education, by the rights of christian worship, and enforced by the operations of conscience, respecting past conduct and future expectation, should not often be predominant under such circumstances, even as our suicides appear in. The fact of its being so (which is rather an honour, than a reproach, to our religious habits) directs to, and opens the door of, a powerful agency, which is too often *closed* by pseudo-philanthropy—but an agency which may be brought to bear on our inmates, not only as creatures of time, but as probationers for eternity: and would make (if carried out) all our Asylums—as they ought to be—NOBLE RELIGIOUS INSTITUTIONS.

J. KIRKMAN, M.D.
Resident Physician.

APPENDIX.

PATIENTS ADMITTED, DISCHARGED, AND DEAD,

From 1st. January to 31st. December, 1842.

	Males.	Females.	Total.
Patients in the House, 31st. December, 1841.	93	107	200
Admitted since	27	34	61
	120	141	261
Discharged—Cured	10	14	24
Discharged—not Cured	2	2	4
Died	10	11	21
	22	27	49
Remaining in the Asylum, 31st. December, 1842.	98	114	212

TABLE OF ADMISSIONS, DISCHARGES, AND DEATHS,

In the whole Fourteen Years, since the Asylum opened.

Years.	MALES.		FEMALES.		TOTAL.		In the House at the end of each year.
	Admitted.	Escaped.	Admitted.	Escaped.	Discharged.	Total.	
1829	72	11	11	11	9	70	105
1830	48	12	9	21	12	34	133
1831	42	8	4	12	16	15	160
1832	42	21	4	25	17	22	153
1833	34	18	4	22	14	19	154
1834	32	16	7	23	18	23	155
1835	39	18	9	27	8	23	170
1836	30	11	13	24	11	27	159
1837	30	13	5	18	11	18	172
1838	35	16	2	18	13	21	176
1839	29	15	5	20	10	27	185
1840	31	14	1	15	7	23	193
1841	35	16	2	18	13	26	200
1842	27	10	2	12	10	17	212
Total.	526	199	67	266	157	534	564

Average Number of Patients throughout the Fourteen Years—**164**.
By this Table it appears that the increase of Patients has not been attended with increased mortality.

ADMITTED—IN THE YEAR 1842.

Cases not exceeding three months' duration and first attack.	Cases not exceeding twelve months' duration and first attack.	Cases not exceeding two years' duration and first attack.	Cases of more than two years' duration.	Cases of those who have had previous attacks.
22	9	3	7	20
9	4	3	8	4
Cases cured, not having been Insane more than three months before admission, and discharged within six months.	Cases cured, not having been Insane two years and upwards, before admission.	Cases cured, having had previous attacks.	Cases not cured, discharged by desire of Friends, and by order of the Magistrates, as improper objects.	Cases not cured, discharged by desire of Friends, and by order of the Magistrates, as improper objects.

DISCHARGED—IN THE YEAR 1842.

AGES OF PATIENTS ON ADMISSION IN 1842.

From Ten to Twenty.		Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
2	1	4	7	8	10	6	5	1	5	4	5	2	1	27	34

AGES OF PATIENTS DIED IN 1842.

From Ten to Twenty.		Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
		1	1	1	1	4	2	2	4	1	1	1	1	10	11

TABLE SHEWING THE NUMBER OF MONTHLY ADMISSIONS,

Through the Fourteen Years since the Asylum opened, with a Total of each Twelve Months, ending 31st December, 1842.

TABLE SHEWING THE WEEKLY AND ANNUAL CHARGE FOR EACH PATIENT, SINCE THE ASYLU M OPENED.

YEARS.	1st. Quarter.			2nd. Quarter.			3rd. Quarter.			4th. Quarter.			Annual Charges.		
	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	s.	d.	£.	s.	d.
1829	12	2	8	2	7	0	7	0	8	2	22	19	10		
1830	7	7	6	5	5	3	5	10	7	0	17	1	3		
1831	7	0	7	7	5	10	5	10	5	10	15	16	5		
1832	6	5	6	5	5	10	5	10	5	10	14	15	11		
1833	5	10	5	10	5	3	5	10	5	10	14	15	9		
1834	5	10	5	3	5	10	5	10	5	10	14	15	9		
1835	7	0	5	3	4	8	5	10	5	10	14	15	9		
1836	5	10	5	3	5	10	5	10	5	10	14	15	9		
1837	7	0	5	10	5	10	5	10	5	10	15	18	6		
1838	6	5	6	5	5	10	5	10	6	5	15	18	6		
1839	7	0	6	5	6	5	6	5	7	0	16	13	8		
1840	7	0	6	5	6	5	6	5	7	0	17	8	10		
1841	7	0	6	5	5	10	5	10	6	5	16	13	8		
1842	7	0	6	5	5	10	6	5	6	5					

FINIS.